

BRANCH OFFICE NOTIFICATION

State Form 53264 (R / 6-07) / Form LB 3

Explanation and Instructions

Pursuant to Indiana Admin. Code 710 IAC 1-22-8 an *applicant* must file this Branch Office Notification form (State Form 53264/FormLB 3) with the Secretary of State, Securities Division for each of the loan broker's branch offices that are located or engaging in *origination activities* in Indiana. The State Form 53264/Form LB 3 may accompany a new Application for License as a Loan Broker (State Form 38168/Form LB 1) or may be filed when a new branch office is opened. If the branch office is a new branch office, the loan broker must file a Branch Office Notification Form (State Form 53264/Form LB 3) with the Securities Division before any *origination activities* may be conducted out of the branch office.

A PERSON WHO KNOWINGLY FILES WITH THE COMMISSIONER ANY DOCUMENT OR STATEMENT THAT CONTAINS A FALSE REPRESENTATION OF A MATERIAL FACT IS SUBJECT TO THE LICENSE BEING DENIED, SUSPENDED, OR REVOKED; THE IMPOSITION OF A CIVIL PENALTY OF UP TO \$10,000 PER VIOLATION; AND CHARGED WITH A CLASS C FELONY WHICH IS PUNISHABLE BY A FINE UP TO \$10,000 PER VIOLATION AND UP TO EIGHT (8) YEARS OF IMPRISONMENT.

If the space provided for any answer is inadequate, complete your answer on a separate sheet, specifying the question to which it relates and attach this sheet to the application. For each additional sheet you provide, sign and list the *applicant's* name.

Mail the properly completed form along with any supporting documentation to the following address:

**Indiana Secretary of State
Securities Division
302 W. Washington St., Room E – 111
Indianapolis, Indiana 46204**

To submit this properly completed form and any supporting documentation in person, deliver to the following address:

**Indiana Secretary of State
Business Services Division
302. W. Washington St., Room E – 018
Indianapolis, Indiana 46204**

A. GENERAL INSTRUCTIONS

1. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases used throughout the State Form 53264/Form LB 3.
2. **AMENDMENTS** – The *applicant* must file with the Secretary of State, Securities Division, as required by Indiana Code § 23-2-5-10(i) a change in any information contained in this form by submitting amendments using State Form 53264/Form LB 3 within two business days of the change. When making amendments to an existing branch office, provide the *applicant's* name, the license number, check the "amendment" box on line (1), provide all previous information in items (2a) through (6a), complete only the information that is being amended in item(s) (2b) through (6b) or (7) through (9), and complete Section 10.
3. **CEASING OPERATIONS**– When an *applicant* decides to cease operations at one or more branch offices, use the State Form 53264/Form LB 3 to notify the Secretary of State, Securities Division by providing the license number, checking the "ceasing operations" box, and completing only Sections (2a) and (10). Submit a separate State Form 53264/Form LB 3 for each branch office that is ceasing operations. Use State Form 38168/Form LB 1 to notify the Secretary of State, Securities Division if the entire company will cease operations under the license.
4. **OTHER ITEMS**
 - A. The *principal manager* identified in Section (6), must be registered with the Secretary of State, Securities Division. To become registered as a *principal manager*, an individual must submit an Application for Registration as a *Principal Manager* or as an *Originator* (State Form 49718/Form LB 4) with the Secretary of State, Securities Division. (**NOTE:** Pursuant to Indiana Code § 23-2-5-20.5(b) a loan broker shall not operate any branch office of a loan brokerage business without employing a registered principal manager at that location)
 - B. All employees conducting *origination activities* at the branch office must be registered with the Secretary of State, Securities Division. To become registered as an *originator*, an individual must submit an Application for Registration as a *Principal Manager* or as an *Originator* (State Form 49718/Form LB 4) with the Secretary of State, Securities Division.
 - C. Section 10 of this form must be signed by an authorized party of the *applicant*.

B. EXPLANATION OF TERMS – The following italicized terms are used throughout State Form 53264/Form LB 3 and have the following meaning.

APPLICANT – The loan broker applying on or amending information on this form for a branch office. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

ORIGINATOR – A *person* engaged in *origination activities*.

ORINATION ACTIVITIES – Communication with or assistance of a borrower or prospective borrower in the selection of loan products or terms.

PERSON – An individual, a partnership, a trust, a corporation, a limited liability company, a limited liability partnership, a sole proprietorship, a joint venture, a joint stock company, or another group or entity, however organized.

PRINCIPAL MANAGER – The individual responsible for the supervision and management of the employees and business affairs of the licensee at a specific office location.

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**BRANCH OFFICE
NOTIFICATION**

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Todd Rokita
Indiana Secretary of State
Securities Division
302. W. Washington Street, E-111
Indianapolis, Indiana 46204
(317) 232-6681

Applicant full legal name			Date (MM/DD/YYYY):	
License Number Information (if applicable). Use additional sheets if necessary.	License #	Jurisdiction	License #	Jurisdiction
	License #	Jurisdiction	License #	Jurisdiction
1.	<input type="checkbox"/> INITIAL NOTIFICATION	<input type="checkbox"/> AMENDMENT <i>To amend, circle or identify item(s) being amended</i>		<input type="checkbox"/> CEASING OPERATIONS

2a.	Physical Address (<i>Number & Street</i>)			
	Physical City	State/Country	Zip + 4/Postal Code	
2b.	NEW Physical Address (<i>Number & Street</i>)			
	NEW Physical City	State/Country	Zip + 4/Postal Code	
3a.	Mailing address or P.O. Box (<i>if different from Physical</i>)			
	Mailing address City	State/Country	Zip + 4/Postal Code	
3b.	NEW Mailing address or P.O. Box (<i>if different from Physical</i>)			
	NEW Mailing address City	State/Country	Zip + 4/Postal Code	
4a.	Business (Area Code) & Telephone Number	Fax (Area Code) & Number	Branch website (<i>enter "None" if not applicable</i>)	
4b.	NEW Business (Area Code) & Telephone Number	NEW Fax (Area Code) & Number	NEW Branch website (<i>enter "None" if not applicable</i>)	
5a.	Trade name or "dba" used at this branch office			
5b.	NEW Trade name or "dba" used at this branch office			
6a.	Principal Manager Name:			
	Last Name	First Name	Middle Name	Registration Number
6b.	NEW Principal Manager Name:			
	Last Name	First Name	Middle Name	Registration Number

Applicant full legal name: _____

7.	Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the <i>applicant's</i> principal office?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
8.	Will this branch office have sole responsibility for decisions relating to individuals originating or soliciting mortgage loans:	YES	NO		
	(a) with respect to employment?	<input type="checkbox"/>	<input type="checkbox"/>		
	(b) with respect to compensation?	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Does any person, other than the <i>applicant</i> , have responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	(a) If yes, provide an explanation of the expense payment and/or financial interest arrangement:				
	(b) If yes, provide the following information for each <i>person</i> responsible for the expenses or with a financial interest:				
	Full Legal Name (Individuals: Last Name, First Name, Middle Name)	Address, City, State/Province, Zip/Postal Code	Telephone	IRS Tax No., SSN, or Employer ID Number	Separately Licensed? Yes No
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
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10. VERIFICATION:

I, _____, do solemnly swear or affirm that the information appearing in this form and the attached documents hereto is true, accurate, and complete to the best of my knowledge.

Signature	
Title	Date (MM/DD/YYYY)

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